



Teens Against Tobacco Use

Pre-program Survey

We are doing a survey to find out if TATU is a good program.

The information you give us is very important, so please answer the questions thoughtfully.

We will not tell anyone your answers. You can skip any questions you don't want to answer and you can stop at any time.

You are being asked to fill in this form before you start TATU, and again after you finish.

Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This way nobody knows which survey is yours.

Tell Us About Yourself

Survey Date: _____ / _____ / _____
(Month) (Day) (Year)

What City do you live in? _____

What County do you live in? _____ What is your Zip Code? _____

What school do you go to? _____

What grade are you in? _____

Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.

Name Code:

	Number		Number		Number		Number		Number		
<hr/>											
		Birth Date									
		Month		Day		Year				Male / Female	
First Name				MI	Last Name						



The first questions ask about your feelings and opinions.

1. About what percentage of people your age do you think SMOKE CIGARETTES?

2. About what percentage of people your age do you think use SMOKELESS TOBACCO?

3. Do you think that smoking cigarettes makes people your age look cool or fit in?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

4. Do you think people your age risk harming themselves if they smoke 1-5 cigarettes per day?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

5. Do you think that smoke from other people's cigarettes (secondhand smoke) is harmful to you?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

6. Do you think that you will try a cigarette soon?

- A. I have already tried smoking cigarettes
- B. Yes
- C. No

7. Do you think that you will smoke a cigarette anytime during the next year?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

8. If one of your best friends offered you a cigarette, would you smoke it?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

9. If you really liked someone and found out they smoked, would you try to get them to quit?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

10. Would you ever use or wear something, like a cap or t-shirt, with an anti-tobacco message on it?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

11. What is the average age that kids in Washington first try smoking?

- A. 16
- B. 12
- C. 8
- D. 19

12. Which of the following are smoking-related diseases?

- A. Lung Cancer
- B. Heart Disease
- C. Bronchitis
- D. All of the above

13. How many chemicals are there in cigarette smoke?

- A. 50
- B. 100
- C. 4,000
- D. 1,500

The next questions ask how you feel with the tobacco industry. This means companies that sell cigarettes, smokeless tobacco, and other tobacco products.

14. "I want to fight back against the tobacco industry."

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True

15. "The tobacco industry has the same right to advertise their products as other companies"

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True



16. "I feel angry with cigarette companies."

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True

17. "I would use or wear something with a tobacco industry logo or picture on it, like a cap or t-shirt."

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True

The last questions ask for more information about you. Your answers are confidential. You do not have to answer these questions.

18. What kinds of grades do you usually get in school?

- A. I am not in school
- B. Mostly As and Bs
- C. Mostly Bs and Cs
- D. Mostly Cs and Ds
- E. Mostly Ds and Fs

19. What is your Race or Ethnic group?

- A. African American/Black
- B. Asian/Pacific Islander
- C. Caucasian/White
- D. Hispanic/Latino
- E. Native American/Alaskan Native

THANK YOU FOR TAKING THIS SURVEY!